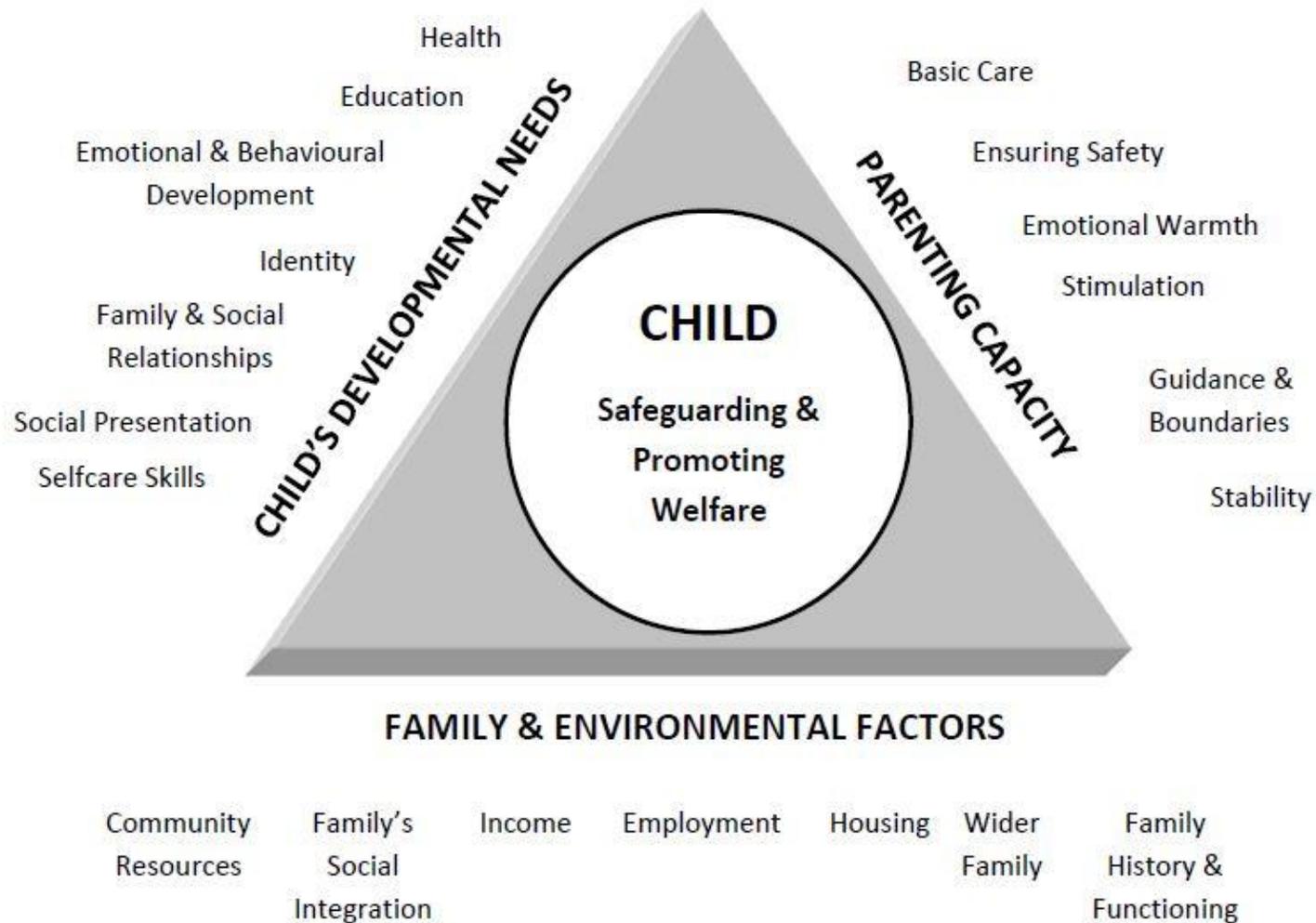


Appendix 2 Safeguarding LES

Child Protection Case Conference – Parents Report



Agency's Name	<input type="text"/>	Professional's Role / Job Title	<input type="text"/>
Professional's Name	<input type="text"/>	Professional's e-mail address	<input type="text"/>
Professional's Address	<input type="text"/>	Professional's Contact Number	<input type="text"/>
Date of Conference	<input type="text"/>		<input type="text"/>

1. Child(ren)'s Details						
Forename	Surname	DOB	Address	Ethnicity	Disability or Special Need	School or Nursery
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Details of Parents, Carers or Significant Family or Household Members							
Forename	Surname	DOB	Address	Ethnicity	Disability or Special Need	Relationship To Child	Parental Responsibility?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<p>3. When did the family register at your surgery?</p>	<p>]</p>
<p>4. What are the <i>current</i> medical problems of the parents or other adults in the house that are relevant for safeguarding purposes? <i>Please comment on the severity of these problems, in language that can be understood by non-medical professionals.</i></p>	<p>□</p>
<p>5. What are the <i>inactive</i> medical problems of the parents or other adults in the house that are relevant for safeguarding purposes? <i>Please comment on these in language that can be understood by non-medical professionals.</i></p>	<p>[</p>
<p>6. Are there any other positive factors? <i>Are you aware of any other positive features of family life and parenting that have a positive effect on the children's lives. Please refer to the triangle diagram above for relevant areas to consider.</i></p>	
<p>7. Do you have any other concerns? <i>Please refer to the triangle diagram above for areas to consider. If you have no other concerns then please state "no other concerns."</i></p>	
<p>8. What might reduce your medical and other concerns?</p>	

9. If you have discussed concerns above, please advise what the outcome would be if these concerns continue.	
10. How might your GP surgery help to reduce these concerns?]
11. If you have been able to discuss this report with the family, what are the views of the parents/carers and/or the child(ren)/young person on this report?	□
12. For review meetings, if you have discussed the child protection plan with the family, what difference do the child and parents think the plan has made to their lives and the difficulties they were facing?	□

Author's Name			Designation			
Signature			Date			
Manager's Name			Designation			
Signature if appropriate			Date			
Has this report been shared with parents/carers?	Y	N	Has this report been shared with the child(ren)/young person?	Y	N	
If yes, date:			If yes, date:			
If not, state reason why			If not, state reason why			

It is the responsibility of all agencies who have participated in a child protection enquiry or who have relevant information to make this available to the conference in the form of a legible and signed report. The report should be provided to parents at least 2 working days in advance of initial conferences and 5 working days before review conferences.